

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 705736 (7)**  
1. Corporation Name  
**ST. MARK'S CHURCH, INC.**

Principal Place of Business Mailing Address  
**3395 BURNS ROAD PALM BEACH GRDNS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>06/10/1963</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>59-6491572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**ROBB, REV G KERRY  
3395 BURNS ROAD  
PALM BCH GRDNS, FL  
33410**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Rev. G. Kerry Robb* **Rev. G. Kerry Robb** **April 10, 1995**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>GEORGE, DALE</b>
STREET ADDRESS	<b>14095 PT CIRCLE</b>
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>
TITLE	<b>VD</b>
NAME	<b>RING, PATRICIA</b>
STREET ADDRESS	<b>7 BANNOCK RD</b>
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>
TITLE	<b>T</b>
NAME	<b>STINNETT, LINDA</b>
STREET ADDRESS	<b>824 CINNAMON RD</b>
CITY-ST-ZIP	<b>N PALM BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>WASKOW, PATRICIA</b>
STREET ADDRESS	<b>11670 JHEMLOCK ST</b>
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Patricia I. Ring</b>
1.3 STREET ADDRESS	<b>3 Carrick Road</b>
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Carol Hall</b>
2.3 STREET ADDRESS	<b>8077 Damascus Drive</b>
2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD Robert Parrino</b>
4.3 STREET ADDRESS	<b>1103 Duncan Circle #103</b>
4.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Stinnett* **Linda Stinnett, Treasurer** **April 10, 1995**